

Expected Practices

Specialty: Hematology

Subject: Hypercoagulable evaluation

Date: March 10, 2014

Purpose: Guidelines on Hypercoagulable Evaluation

Target Audience: Primary Care Providers and Specialists

Expected Practice:

Clinical scenarios that do not require a hypercoagulable workup include: pregnancy, recent surgery, immobilization, trauma, active malignancy, inflammatory bowel disease, myeloproliferative disorders, retinal vein thrombosis.

Hypercoagulable workups are most useful for family education and do not typically influence management of the patient.

Do not perform hypercoagulable workup in the setting of an acute thrombosis or while on anticoagulation (unless the patient has a life-threatening thrombosis or a thrombosis of an unusual site where stopping the anticoagulation may be detrimental).

Please refer patients who:

- Are less than 45 years old
- Have an unprovoked thrombosis
- Thrombosis of an unusual site (mesentery, upper extremity, dural sinus)
- Have a history of fetal loss

The referral and evaluation does not need to be performed during acute thrombosis and an appointment in 6-8 weeks is appropriate.

When a patient is referred for a hypercoagulable evaluation, they must have primary care follow-up. Please note that in DHS, anticoagulation is regulated by the PCP or the anticoagulation clinic, not the hematology clinic.

This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.

Work-up for venous clots should include (if any of these cannot be ordered in your clinical setting, please order what you can and provide the results to the Hematologist via eConsult):

- Activated Protein C resistance assay
- Prothrombin gene mutation G20210A
- Antithrombin-III level
- Protein C and Protein S level
- Antiphospholipid antibodies: Lupus anticoagulant, cardiolipin antibody, beta-2-glycoprotein-I antibody

An **arterial clot** should only be screened for antiphospholipid antibody syndrome, other studies are not helpful. Please send the following:

- Antiphospholipid antibodies: Lupus anticoagulant, cardiolipin antibody, beta-2-glycoprotein-I antibody